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CONFIRMATION NO. 4997

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|--|---|--------------------------------|---|--|--|
| SERIAL NUMBER 10/649,591 | FILING OR 371(c) DATE 08/26/2003 RULE | CLASS 435 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. CWRU-P03-003 | |
| APPLICANTS Sanford D. Markowitz, Pepper Pike, OH; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/274,177 10/18/2002 which is a CIP of 10/229,345 08/26/2002 | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>SR</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY OH | SHEETS DRAWING 48 | TOTAL CLAIMS 48 | |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged Examiner's Signature <i>SR</i> Initials <i>SR</i> | | INDEPENDENT CLAIMS 5 | | | |
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| ADDRESS 28120 | | | | | |
| TITLE Methods and compositions for categorizing patients | | | | | |
| FILING FEE RECEIVED 813 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |